

BRETT KAHR

D.W. WINNICOTT

A BIOGRAPHICAL PORTRAIT



KARNAC BOOKS

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Photograph of Dr Donald Woods Winnicott, circa 1925.

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Dedicated to
my grandfather
Charles Edward Kahr

The healthy child who is negotiating all these hazards must be thought of as living in a relatively stable environment, with the mother happy in her marriage, and with the father ready to play his part with the children, to get to know his son and to give and take in the subtle way that comes fairly naturally to the father, who as a boy himself had a happy experience with his own father.

Winnicott, *Human Nature* (1988, p. 55)



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Brett Kahr
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FOREWORD

Dr Susanna Isaacs Elmhirst, F.R.C.P., F.R.C. Psych.

It is now over forty years since my path first crossed, and became in some ways intertwined with, Donald Winnicott's. I had worked my way up to consultant status in paediatrics, a journey during which I had become increasingly intrigued by the high proportion of child patients whose sufferings were not primarily of physical origin; in other words, their problems were psychosomatic in origin "at best", and often apparently purely psychogenic. The climate of paediatric opinion was strongly opposed to the view that the unconscious mind existed at all, let alone that its manifestations in children might include disturbances of bodily functions and structures. As for psychogenic pain, children were all too often treated as though they

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experienced no pain—not even physical. Adults whom the psychodynamically inclined might surmise as suffering from psychogenic pain or behavioural disorders beyond their conscious control were frequently seen as lazy, or even malingerers who could and should pull up their socks, or pull themselves together, and would be firmly warned that non-compliance with medical instructions would lead to referral to a psychiatrist.

In 1953, when I went to Winnicott for the first of the two admissions interviews required by the selection procedures of The Institute of Psycho-Analysis, I had not heard of him, or read any of his writings, nor, indeed, at that time, had I read very widely in Freud, Melanie Klein, or Anna Freud. However, an important motive for my wish to do the psychoanalytic training was the hope of enlarging my understanding of human beings of all ages, including myself. Only later did I discover that both Winnicott and Milton Senn (of Yale University) had also undertaken this arduous endeavour because, in Senn's words, he "did not want to be a cook-book paediatrician."

Whatever Winnicott's conscious and unconscious feelings about my experience, my ignorance, and my pregnancy, I was accepted for analytic training in the group of my choice, which was then called the "A Group". This group comprised the Kleinians and those who later hived off as the Middle (now the Independent) Group, as separate from, and often opposed to, the B Group of Anna Freud's followers, now renamed the Contemporary Freudians.

I think that Melanie Klein's work opened up more areas of understanding and avenues of enquiry than that of any other analyst since Freud. Therefore I am "a Kleinian", and do not "belong" to any group. However, I am an "abolitionist", in the sense that I am one of the not inconsiderable number of psychoanalysts who think that the "Groups" have outlived their time and are more divisive than cohesive.

In the course of changing career specialities, it was Dr Zena Moncrieff, a paediatrician friend of Winnicott's locum Dr Barbara Woodhead, who first appointed me to a niche in her out-patient clinic, as a Clinical Assistant in St. Charles Hospital, London. Barbara Woodhead was an analyst of adults and children who was Winnicott's locum at Paddington Green whenever illness prevented him from working at all or for the full number

of his allotted sessions. St. Charles Hospital was part of the "St. Mary's Group"; so too was 17, Paddington Green, the lovely old house which D.W.W. was responsible for finding and persuading the powers-that-were to purchase as the headquarters of the work of the first-ever Department of Child Psychiatry of St. Mary's Hospital, London.

In due course I applied for, and was appointed to, a part-time Senior Registrar post in "The Green", and I began my close involvement with Winnicott and his work in the National Health Service with children and parents who did not "pay to teach" him in the financial sense. During the years I was learning from him, the parents, the departmental staff, and the varied people in the lives of his child patients, Donald was often ill and was never well enough to work his full complement of N.H.S. sessions. Yet it was in this area of his work that I came to realize that he was a genius. Any genius has to be a genius at something; exquisite perceptiveness does not alone constitute genius even if it is combined, as in Winnicott, with a capacity to approach anew anything in his field of interest, however apparently ordinary or mundane the activity. One of my favourites of his many, usually beautifully written papers is an early gem, "The Observation of Infants in a Set Situation" (1941a). The observations described in it were made in a big room in the large out-patient central area of Paddington Green Children's Hospital. It was there that he began to hold the non-appointment sessions he called "the snack bar" and also started having people sit in on consultations. When he was there, within hearing distance of the children's wards, it was the task of the Senior Registrar to remind, and re-remind, the nursing staff that babies must not be left to cry for more than the merest moment when Dr Winnicott was "doing his out-patients".

In my experience, Winnicott's acute sensitivity was in his N.H.S. work, mainly focused on babies, young children, and their mothers; not on their fathers or on adolescents. This intensely sensitive interest, and his capacity non-verbally to convince the object of this interest, is illustrated by the true story of a Scandinavian colleague who told his non-English-speaking children that Dr Winnicott would soon be visiting them again. There was considerable enthusiasm even from the two youngest, who cannot have been more than two and four years old when

Donald had stayed with the family previously. All the children agreed that the non-Scandinavian D.W.W. had been so interested and interesting; he had "understood so much", that they could not readily believe that there had been no common spoken language. This vignette supports the conclusion I reached over several years of observing D.W.W. using the squiggle technique in his Monday clinics at 17, Paddington Green (which is where he regularly came, if physically able to do so). I did not think that Winnicott needed the squiggle technique to get in touch even with latency-age children. Furthermore, I decided against using or recommending it as I came to realize its seductive encouragement of a belief in the equivalence of need and dependence in patient and professional, child and adult; a belief that undermined the vital importance of the interdependence that Winnicott once summarized as "there is no such thing as a baby". One consequence of the depth of Winnicott's ambivalent attitude to his own and other people's discoveries, and the development of them, was that it was more than ordinarily difficult to take over a patient from him, even one specifically referred for treatment after a single consultation. It took me years to discover that this experience was not always a totally personal failure, rooted in my reaction to the inevitability of there having been only one D.W.W.

In my opinion Winnicott's genius was also shown in his ability to communicate with many of the adults practically concerned with the physical and emotional needs of children from birth onwards. Important examples of this are his radio talks, published in two volumes as *The Child and the Family* (1957a) and *The Child and the Outside World* (1957b). Of at least equal importance as a manifestation of genius was his work with children whose families needed more than the usual amount of help from the world outside the home. Donald's interest in this varied group was first focused by his involvement with the disturbances caused to evacuated children by being separated from their families in the hope of protecting them physically from what war had become.

It was in the course of this "war work" that he met Clare Britton; between them they developed unique experience and skill in devising and supporting environmental changes which nourished the emotional and physical growth of children. Out of this lively mutual co-operation, involving various non-medical,

and often non-parent, adults, gradually developed Winnicott's "Monday afternoons" at the Green. To begin with, the group of alert but silent observers sitting in the room where Winnicott was doing a diagnostic consultation on, or a "follow-up" of, a troubled and troubling child, consisted of members of the department staff and of the varied personnel professionally involved: mainly teachers, nurses, and social workers. Over the years, the number of would-be observers had to be limited and formalized because people came to the Winnicott Mondays from literally all over the world, although almost never from the main body of its parent hospital. When later I succeeded Winnicott as Physician-in-Charge of Child Psychiatry in St. Mary's Hospital, the particular difficulties of taking over from him were vividly illustrated by there being only five rooms for the equivalent of eight full-time staff, also by the fact that when it was agreed that medical students would at least have a taste of child psychiatry during their training, I was allowed to "have" them on Wednesdays, i.e. on what I discovered in due course were Rugged Days, in that predominantly masculine stronghold of sport. Unfortunately it is not yet firmly established whether or not D.W.W.'s clinical notes (illegible even to him after retirement) and wonderfully clear and helpful typewritten letters to social workers, teachers, and the Inner London Education Authority, etc., have been preserved for the necessary follow-up of child patients as well as for longer-term research and teaching.

Winnicott's awareness of the need for cooperative work in support of children in difficulties led him to ensure, by dint of much hard work, that child analysis not only had a purpose-built "home" in The London Clinic of Psycho-Analysis, but that support for the parents or others responsible for the day-to-day care of those children needing five sessions a week should be provided by Paddington Green if the diagnostic assessment had been made there and sometimes even in cases referred for analysis by other clinics or individuals. Statistically valid measurement of the short- and long-term clinical outcome of such stupendous and original efforts is, even now, in these days of computerised records, word-processors, etc., impossible beyond a limited extent, but from the 1930s to the 1970s it was out of the question because of staff shortages and the absence of the not-as-yet invented equipment.